

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009366

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2559

STATE FILE NUMBER

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>2832nd TEXAS AVE</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>VIOLA</u> Middle <u>SCHULLER</u> Last		4. DATE OF DEATH Month <u>MARCH</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 31 1893</u> 9. AGE (last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>JOHN HASSBAUM</u>		11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>111-15-159</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis 4/7/62</u> DUE TO (c) <u>General carcinomatosis</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH SCHULLER</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma left breast. Radical</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>170x</u>	
17. TIME OF INJURY Hour <u>11</u> a.m. <u>12</u> p.m. Month <u>12</u> Day <u>12</u> Year <u>1959</u>		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from <u>11/12/59</u> to <u>3/3/63</u> and last saw her alive on <u>3/3/63</u> Death occurred at <u>8</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Bergene Vogel M.D.</u> 22b. ADDRESS <u>3325 S Grand Bl.</u> 22c. DATE SIGNED <u>3/5/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>MAR 7, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Butis 2906 Shawnee</u>		25. DATE RECD. BY LOCAL REG. <u>3-6-63</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. L. Province

Licensed Embalmer No.

3403

P. O. Address

2906 Garrison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.